

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597801

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
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22	1		1			
23	1		1			
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		5		1		
29	1		1			
30		1		1		
31		1		1		
32		4		1		
33		4		1		
34		4		1		
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36		4		1		
37		4		1		
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41		4		1		
42		4		1		
43		4		1		
44		4		1		
45						
46						
47						
48						
49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	172	←	40	←		←
TOTAL CLAIMS	176		44			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						